

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4490AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPENCER LUXURY CARE, LP</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1951 PAPAGO LANE LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey and bed increase survey conducted at your facility on 10/02/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for six (6) total beds. The facility is requesting a bed increase for ten (10) total beds.</p> <p>The facility was licensed as a six (6) beds, Residential Facility for Groups which provides care to persons with Alzheimer's disease, Category II residents. The facility is requesting a bed increase as a ten (10) beds, Residential Facility for Groups which provides care to persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of the survey was five (5) residents.</p> <p>Five (5) of five (5) resident files were reviewed.</p> <p>Three (3) of three (3) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal,</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1  state, or local laws.  The following regulatory deficiencies were identified:	Y 000			
Y 885 SS=D	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.          This Regulation is not met as evidenced by: Based on observation and interview on 10/2/08, the facility failed to destroy medications after they were discontinued.  Findings include:  Observation:  On 10/02/08 at 3:40 PM Resident #3's (admit date 1/10/08) medication container had a blister pack of 30 milligram Prevacid not listed on the Medication Administration Record.	Y 885			

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Y 885	Continued From page 2  Interview:  Interview with Employee #3 (hire date 09/10/1998), the facility's Administrator, revealed the Prevacid was discontinued by the doctor when the patient was discharged from the hospital on 1/09/08. At the time of the survey, Employee #3 asked Employee #1(hire date 08/02/07) to remove the Prevacid medication from Resident #3's medication container and destroy the medication by flushing it down the toilet.  Severity: 2      Scope: 1	Y 885		
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This Regulation is not met as evidenced by: The facility failed to ensure that knives that constitute a danger were inaccessible to the residents.  Findings include:  On 10/02/08 at 1:30 PM during the initial tour of the facility, knives were observed in an unlocked	Y 994		

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Y 994	Continued From page 3  drawer in the kitchen. Employee #1 (hire date 08/02/07) transferred the knives to an adjacent locked drawer during the survey.  Severity: 2      Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.  This Regulation is not met as evidenced by: Based on observation the facility failed to ensure that all toxic substances were not accessible to the residents of the facility.  Findings include:  On 10/02/08 at 1:25 PM the surveyor observed unsecured shampoo, lotion and other toiletries in bathroom #3.  Severity: 2      Scope: 3	Y 999		
YA930 SS=D	449.2749(1)(a-j) Resident File  NAC 449.2749	YA930		

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YA930	<p>Continued From page 4</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(a) The full name, address, date of birth and social security number of the resident.</p> <p>(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.</p> <p>(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.</p> <p>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:</p> <p>(1) A description of any medical conditions which require the performance of medical services;</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p>	YA930			

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YA930	<p>Continued From page 5</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on document review the facility failed to ensure resident files contained all documents (#5).</p> <p>Findings include:</p> <p>The facility lacked a separate file for Resident #5 (admit date 5/11/08). However the facility provided a resident file that contained documents all from another Group home, which was different than where the resident was currently residing.</p> <p>Severity: 2      Scope: 1</p>	YA930		

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